

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712707 (9)

1. Corporation Name

THE SARASOTA BRETHREN IN CHRIST CHURCH, INC.

Principal Place of Business

**4201 BAHIA VISTA STREET
SARASOTA FL 34232-2425**

Mailing Address

**4201 BAHIA VISTA STREET
SARASOTA FL 34232-2425**



3. Date Incorporated or Qualified
05/09/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1992150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOMERT, LARRY L.
5745 STONE POINTE DR.
SARASOTA FL 34233**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WOOMERT, LARRY L**
STREET ADDRESS **5745 STONE POINTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34233**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Joseph Witt**
1.3 STREET ADDRESS **5427 Colonial Oaks Blvd**
1.4 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **TD** ☐ DELETE
NAME **STOCKSLAGER, JOHN**
STREET ADDRESS **72 CARLYN ESTATES**
CITY-ST-ZIP **PALMETTO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PERRY, ROY**
STREET ADDRESS **7520 MEMORIAL DR.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ARNOLD, EDWARD**
STREET ADDRESS **5451 BAHIA VISTA STREET**
CITY-ST-ZIP **SARASOTA FL 34232**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **ENSIGN, ERNEST**
STREET ADDRESS **1861 PALM SPRINGS AVE.**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SHENK, CLAIR J**
STREET ADDRESS **5816 CAMEBT DR. S.**
CITY-ST-ZIP **SARASOTA FL 34233**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 9419259933

CR2E037 (12/95)